

PATENT APPLICATION SERIAL NO. **10/518007**

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

06/03/2005 JANDERSO 00000002 500310 10518007

01 FC:1642 400.00 DA

12/22/2004 LLANDGRA 00000043 500310 10518007

01 FC:1631	300.00 DA
02 FC:1632	<del>500.00 DA</del>
03 FC:1633	200.00 DA
04 FC:1616	360.00 DA
05 FC:1615	100.00 DA

Adjustment date: 06/02/2005 SNAJARRO  
12/22/2004 LLANDGRA 00000043 500310 10518007  
02 FC:1632 -500.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: _____		2 Serial/Patent # <u>10/518007</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>								
10 REASON:		8 TO BE REFUNDED BY:										
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check										
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:										
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>3</td><td>1</td><td>0</td></tr></table>				5	0	--	0	3	1	0
5	0	--	0	3	1	0						
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>John Anderson</u>			TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>John Anderson</u>			PHONE: <u>308-9140 ext 211</u>									
OFFICE: <u>PCT DO/EO</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____			DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*